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FROM: Peter J. Yim
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DATE: August 22, 2005

Number of pages with cover page:	4	
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Comments:**PLEASE PROCESS THE ATTACHED.**

Attorney Docket No.: 495152000110
Group Art Unit: 1742
Examiner: W. Leader
Application No.: 09/837,902
Filing Date: April 18, 2001
Inventor: Hui WANG
Title: PLATING APPARATUS AND METHOD
Attached is the following:

1. RCE Transmittal (1 page); and
2. Fee Transmittal, in duplicate (2 pages total).

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PTO/SB/30 (09-04)

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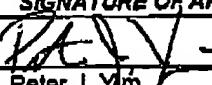
Request For Continued Examination (RCE) Transmittal		Application Number	09/837,902
Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Filing Date	April 18, 2001
		First Named Inventor	Hui WANG
		Art Unit	1742
		Examiner Name	W. Leader
		Attorney Docket Number	495152000110

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1895, or to any design application.

<p>1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).</p> <p>a. <input checked="" type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.</p> <p>i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____</p> <p>ii. <input type="checkbox"/> Other _____</p> <p>b. <input type="checkbox"/> Enclosed</p> <p>i. <input type="checkbox"/> Amendment/Reply iii. <input type="checkbox"/> Information Disclosure Statement (IDS)</p> <p>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iv. <input type="checkbox"/> Other _____</p>			
<p>2. Miscellaneous</p> <p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)</p> <p>b. <input type="checkbox"/> Other _____</p>			
<p>3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.</p> <p>a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p> <p>i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)</p> <p>ii. <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)</p> <p>iii. <input type="checkbox"/> Other _____</p> <p>b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed</p> <p>c. <input type="checkbox"/> Payment by credit card (Form PTO-203B enclosed)</p>			

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Signature		Date	August 22, 2005
Name (Print/Type)	Peter J. Yim	Registration No.	44,417

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office, fax number 571-273-8300, on the date shown below.

Dated: August 22, 2005

Signature:  Christa Carter

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PAGE 2/4 * RCVD AT 8/22/2005 5:28:44 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/32 * DNI:2738300 * CSID:415 2687522 * DURATION (mm:ss):02:04

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
Fee TRANSMITTAL For FY 2005		Application Number	09/837,802
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	April 18, 2001
TOTAL AMOUNT OF PAYMENT (S) 395.00		First Named Inventor	Hui WANG
		Examiner Name	W. Leader
		Art Unit	1742
		Attorney Docket No.	495152000110

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

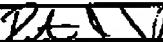
Each claim over 20 (including Reissues)	Fee (\$)	Fee (\$)
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x		

4. OTHER FEE(S)	Fee Paid (\$)
Non-English Specification. \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...)	395.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		44,417	(415) 268-6373
Name (Print/Type)	Peter J. Kim	Date	August 22, 2005

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